



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

INSTRUCTIONS FOR INDIVIDUAL CLAIMS ADJUSTER LICENSE APPLICATION

1. Before submitting the Application for Resident and Nonresident Claims Adjuster License (“Claim Adjuster License Application”), you may be required to take and pass the appropriate examination offered by Promissor (test administrator). All RI residents are required to pass the Claims Adjuster exam. Please see below for more information relating to Nonresidents and those states that are reciprocal. For exam information, you may visit Promissor’s website at www.promissor.com or call 1-800-274-3739.
2. Nonresident Applicants are exempt from taking the exam if they are licensed in their home state for the same lines being requested in Rhode Island **and** their home state is reciprocal with Rhode Island. The states that are reciprocal with Rhode Island are: **Connecticut, Kentucky, Maine, Michigan, New Hampshire, North Carolina, Oklahoma, South Carolina, Texas and Vermont**.
A Letter of Certification is not required for a nonresident license in Rhode Island. The Rhode Island Insurance Division will verify the State Producer Licensing Database (SPLD) or the applicant may submit a copy of the Producer Database (PDB) verification.
3. Residents and Nonresident applicants that do not reside in a reciprocal state are required to take and pass the Promissor (test administrator) examination.
Individuals that pass the Rhode Island examination have the ability to apply electronically. If the application is submitted electronically, the exam results are automatically submitted to the online licensing system. To apply electronically, applicants should visit the Department website at <https://sbs-ri-public.naic.org/Lion-Web/jsp/ext/login/UserVerification.jsp>.
If the applicant is applying by “paper”, he/she is required to attach the “original passed” exam results for the line(s) of authority for which they are applying.
Individuals that wish to schedule an examination should contact Promissor.
The passed exam results are valid for one-year from the date completed.
4. Complete all questions on the Claim Adjuster License Application. Check the line(s) of authority for which you are applying. You must include the signatures of three (3) reputable citizens on page 6 of the Claims Adjuster License Application. The RI Insurance Division will accept signatures from Nonresidents that are affiliated with the Insurance Industry.
5. Fees:
 - ☐ \$50.00 New Application Fee (first time applicants only)
 - ☐ \$100.00 License Fee

Amendment Fee: \$50

Add line(s) of Authority to an existing RI License.

Beginning January 1, 2007, individuals will receive a biennial license that will expire on the last day of his/her birth month. Individuals that are currently licensed and due to expire on August 31, 2007 will transition to an expiration date that is based on the individual's birth month.

The application fee and license fee must be separate checks.

Checks are made payable to: *General Treasurer, State of Rhode Island*

NOTE: The Application Fee and License Fee are non-refundable. If an Applicant does not complete the Application process within sixty (60) days, the Department will notify the Applicant by mail. The Applicant will then be required to resubmit a new application, application fee, license fee and other requirements.

7. Veteran status (R.I. Gen. Laws § 27-10-4). License fee is waived for any honorably discharged soldier, sailor or marine who has at any time served the United States in time of war. He or she must provide proof of honorable discharge (DD-214). The Veteran of War is exempt from paying the license fee, but is required to pay the fifty (\$50) dollar application fee.
8. Criminal Background Checks Required:
 - ☐ All Rhode Island residents must complete and attach the Waiver Form for Criminal Background Check.
 - ☐ Nonresidents (*that do not reside in a reciprocal state*) that are required to take the Rhode Island exam must also furnish a state wide certified Criminal Background Check Report to be obtained from their home state (i.e., State Police or Office of the Attorney General). This report must be done by a state agency of your home state **OR** ChoicePoint or General Information Services, Inc. ChoicePoint (1-877-547-2518) and General Information Services, Inc. (1-888-333-5696) are vendors that provide criminal background information; and the RI Insurance Division has approved the report that is generated. If you cannot obtain a criminal background report, the RI Insurance Division is unable to license you as an insurance claims adjuster. For more information, you may visit their website at www.choicepoint.com or www.geninfo.com.
 - ☐ All Massachusetts residents must complete a CORI request form. Call the Rhode Island Insurance Division for the CORI form. This form must be completed and submitted to the Rhode Island Insurance Division. Please see our website at www.dbr.state.ri.us for a copy of the form. The Division will obtain the Massachusetts Criminal Background information for all Massachusetts resident applicants.
 - ☐ All New York residents must call the Rhode Island Insurance Division and obtain a New York Fingerprint Card. The Fingerprint Card must be returned to the N.Y.S. Division of Criminal Justice Services (use the green envelope provided) along with the specified processing fee. The Criminal Justice Service will process the card and the information provided will be mailed directly to the Rhode Island Insurance Division.
9. If you have moved to Rhode Island from another state and you currently have or previously held a Claims Adjuster license in your former resident state, provide a Letter of Clearance from that state.
10. It is the responsibility of the licensee to notify the Insurance Division of all name and/or address changes. All licenses and renewals will be mailed to the applicant's mailing address.

11. Mail application, fees and all other documentation to:
Department of Business Regulation
Insurance Division
233 Richmond Street, Suite 233
Providence, RI 02903-4233
12. If you have any questions regarding the Claim Adjuster License Application, the licensing process for a Claims Adjuster license, or the instructions, call the Insurance Division at 401-222-2223 or visit our website at www.dbr.state.ri.us.
13. Prior to adjusting, applicants should check the status of his/her/its license on the Department website at www.dbr.state.ri.us.
14. **APPLICANTS ARE ENCOURAGED TO USE THE ELECTRONIC LICENSING PROCESS.** To apply online, applicants should visit www.licenseregistry.com. For questions relating to the online process, applicants should call the National Association of Insurance Commissioners (NAIC) Helpdesk at 816-783-8500.

CHECK LIST FOR APPLICATION:

- ☐ Separate checks for application fee and license fee.
- ☐ Complete application.
- ☐ Original passed exam results, if applicable.
- ☐ The required criminal background check:
 - R.I. Waiver form (for Rhode Island residents), if applicable.
 - CORI (for Massachusetts residents), if applicable.
 - Fingerprint cards (for New York residents only), if applicable. The completed fingerprint cards should be mailed directly to the NY Division of Criminal Justice Services (DCJS).
 - Original home state background check (for other nonreciprocal, nonresident applicants), if applicable.
- ☐ Letter of Clearance, if applicable.
- ☐ A Letter of Certification is not required for a nonresident license in Rhode Island. The Rhode Island Insurance Division will verify the State Producer Licensing Database (SPLD) or the applicant may submit a copy of the Producer Database (PDB) verification.

Application for (Resident and Non-Resident) Individual Claims Adjuster License

(Please Print or Type)

Check appropriate box for license requested.

- ☐ NEW APPLICATION
☐ AMENDED APPLICATION
☐ Resident License
☐ Non-Resident License

**Nonresidents that reside in a reciprocal state are not required to submit a Letter of Certification.
Rhode Island will verify the home state license with PDB/SPLD.*

Identify Home State: _____ Identify Home State License #: _____

Lines of Authority: PLEASE CIRCLE		CM – Commercial without Workers' Compensation authority		Pers– Personal		WC- Workers' Compensation			
① Soc. Security Number - -		② If assigned, National Producer Number (NPN)							
③ If applicable, NASD Individual Central Registration Depository (CRD) Number NOT REQUIRED FOR A CLAIMS ADJUSTER LICENSE		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>							
⑤ Last Name JR./SR. etc		⑥ First Name		⑦ Middle Name		⑧ Date of Birth (month) ____ (day) ____ (year) ____			
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City		⑫ State	⑬ Zip Code	⑭ Foreign Country		
⑮ Home Phone Number () -		⑯ Gender (Circle One) Male Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S)						
⑱ Business Entity Name									
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City		㉒ State	㉓ Zip Code	㉔ Foreign Country		
㉕ Business Phone Number () -		㉖ Business Fax Number () -		㉗ Business E-Mail Address		㉘ Business Web Site Address			
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City		㉜ State	㉝ Zip Code	㉞ Foreign Country		
㉟ List any assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business. b. List any trade names under which you are currently doing business or intend to do business.									
Agency or Business Entity Affiliations									
㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)									
FEIN _____		NPN _____		Name of Agency _____					
FEIN _____		NPN _____		Name of Agency _____					
Employment History									
㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.									
				From Month Year		To Month Year		Position Held	
Name									
City State Foreign Country									
Name									
City State Foreign Country									
Name									
City State Foreign Country									

Are you a Veteran that has served in a time of War? ____ Yes ____ No

The license fee is waived for any honorably discharged soldier, sailor or marine who has at any time served the United States in time of war.

Applicant is only required to pay the application fee. **He or she must provide proof of honorable discharge**

(Form DD-214). Must be submitted at the time of application.

Background Information

- 58 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ____ Yes ____ No ____

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ____ Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ____ No ____

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

Applicants Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the on-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
SEE APPLICATION INSTRUCTIONS AND CHECKLIST.

Pursuant to R.I. Gen. Laws § 27-10-5 three (3) reputable citizens in the insurance business must sign your application:

I, a citizen engaged in the insurance business, do hereby certify that I have read the foregoing statements of the applicant and believe them to be true, that I personally know him/her and that he/she is of good character, and that in my opinion he/she is a suitable person to act as an insurance adjuster. I also swear and affirm that I have never been refused a license by the state of Rhode Island or any other state of the United States to act as an insurance claim adjuster, or had a license as an insurance claim adjuster suspended or revoked:

1. Name: _____
 Number of years known: _____
 Company Name and Address: _____
 Signature: _____

2. Name: _____
 Signature: _____
 Title: _____
 Number of years known: _____
 Company Name and Address: _____

3. Name: _____
 Signature: _____
 Title: _____
 Number of years known: _____
 Company Name and Address: _____